County: Waukesha MUSKEGO NURSING HOME S77 W18690 JANESVILLE ROAD

MUSKEGO 53150

ST. NICOGO CIENZOTI ZEZE NOIE			
MUSKEGO 53150 Phone: (262) 679-0246		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	49	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	49	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	41	Average Daily Census:	41

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	53. 7
Supp. Home Care-Personal Care	No N-	D1	0.0	II		1 - 4 Years	36. 6
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	22. 0	More Than 4 Years	9.8
Day Services	No	Mental Illness (0rg./Psy)	31. 7	65 - 74	12. 2		
Respite Care	No	Mental Illness (Other)	22 . 0	75 - 84	39. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	22. 0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	7. 3	95 & 0ver	4. 9	Full-Time Equivalent	
Congregate Meals	No	Cancer	2. 4	ĺ	j	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	2. 4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12. 2	65 & 0ver	78. 0		
Transportation	No	Cerebrovascul ar	0. 0			RNs	13. 7
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	13. 7
Other Services	No	Respi ratory	7. 3		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	14. 6	Male	31.7	Ai des, & Orderlies	45. 7
Mentally Ill	No			Female	68. 3		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-	0ther]	Pri vate Pay	.		amily Care		Managed Care				
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	5. 3	125	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	4. 9
Skilled Care	0	0.0	0	36	94. 7	105	0	0.0	0	3	100.0	148	0	0.0	0	0	0.0	0	39	95. 1
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		38	100.0		0	0.0		3	100.0		0	0.0		0	0.0		41	100. 0

MUSKEGO NURSING HOME

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01									
Deaths During Reporting Period										
Weeding Total										
Percent Admissions from: Activities of % Assistance of % Totally Number										
Private Home/No Home Health 15.6 Daily Living (ADL) Independent One Or Two Staff Dependent Reside	ents									
Private Home/With Home Health 2.2 Bathing 2.4 63.4 34.1 41										
Other Nursing Homes 15.6 Dressing 24.4 41.5 34.1 41										
Acute Care Hospitals 48.9 Transferring 39.0 26.8 34.1 41										
Psych. HospMR/DD Facilities 6.7 Toilet Use 36.6 29.3 34.1 41										
Rehabilitation Hospitals 2.2 Eating 56.1 9.8 34.1 41										
Other Locations 8.9 ***********************************	*****									
Total Number of Admissions 45 Continence % Special Treatments	%									
Percent Discharges To: Indwelling Or External Catheter 14.6 Receiving Respiratory Care 2.										
Private Home/No Home Health 2.4 Occ/Freq. Incontinent of Bladder 43.9 Receiving Tracheostomy Care 0.										
Private Home/With Home Health 7.3 Occ/Freq. Incontinent of Bowel 46.3 Receiving Suctioning 0.										
Other Nursing Homes 9.8 Receiving Ostomy Care 2.										
Acute Care Hospitals 17.1 Mobility Receiving Tube Feeding 0.										
Psych. HospMR/DD Facilities 2.4 Physically Restrained 0.0 Receiving Mechanically Altered Diets 46.	3									
Rehabilitation Hospitals 0.0										
Other Locations 9.8 Skin Care Other Resident Characteristics										
Deaths 51.2 With Pressure Sores 2.4 Have Advance Directives 100.	0									
Total Number of Discharges With Rashes 0.0 Medications	_									
(Including Deaths) 41 Receiving Psychoactive Drugs 70.	7									

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Under 50 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 83.7 77. 1 1.08 69.0 1.21 82.7 1.01 84. 6 0.99 Current Residents from In-County 53. 7 82.7 0.65 82. 5 0.65 **85**. 3 0.63 77. 0 0.70 Admissions from In-County, Still Residing 22. 2 19. 1 1. 16 28. 7 0.78 21. 2 1.05 20.8 1.07 Admissions/Average Daily Census 109.8 173. 2 0.63 122. 8 0.89 148. 4 0.74 128.9 0.85 Discharges/Average Daily Census 100.0 173.8 0.58 120. 0 0.83 150. 4 0.66 130.0 0.77 Discharges To Private Residence/Average Daily Census 9.8 71.5 0.14 11.0 0.88 **58.** 0 0.17 52.8 0.18 Residents Receiving Skilled Care 100 92.8 1.08 72.7 1.38 91.7 1.09 85. 3 1.17 Residents Aged 65 and Older **78.** 0 86.6 0.90 93.0 0.84 91.6 0.85 87. 5 0.89 Title 19 (Medicaid) Funded Residents 92.7 71.1 1.30 64. 4 68. 7 60.8 1. 52 1.44 1.35 Private Pay Funded Residents 7.3 13. 9 23.8 22. 0 0. 53 21.0 0.35 0.31 0.33 Developmentally Disabled Residents 0.0 1.3 0.0 0. 9 7. 6 0.00 0.00 0.00 Mentally Ill Residents 53.7 32. 5 1.65 41.3 1.30 32. 2 1.67 33. 8 1.59 General Medical Service Residents 14.6 20. 2 0.72 25. 9 0.57 23. 2 0.63 19. 4 0.75 49.3 Impaired ADL (Mean) 51.7 52.6 0.98 53. 3 0.97 51.3 1.01 1.05 Psychological Problems 70.7 48.8 1.45 46. 2 1. 53 50. 5 1.40 51. 9 1. 36 Nursing Care Required (Mean) 7. 2 6. 7 7.3 0.91 7. 8 0.86 0. 93 7. 3 0.91